

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1860

10558

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County Kent  
 City or town Chesapeake  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all life  
 Hospital, institution, or street address where death occurred:  
137 Queen St.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent  
 City or town Chesapeake  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 137 Queen St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Cora Baldwin

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife late Wm Walker Baldwin

7. Birth date of deceased (mo., day, yr.)

April 13 1856

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

92618

hrs.

min.

9. Birthplace

Kent Co. Maryland  
(Town, county, and state)

10. Usual occupation

House keeping

11. Industry or business

House

MOTHER FATHER

12. Name

Jessie M. Mifflin

13. Birthplace

Kent Co. Maryland

14. Maiden name

Arsula Garrison

15. Birthplace

Kent Co. Maryland

16. Informant

Mr. George W. Baldwin

Address

Chesapeake, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 2, 1948  
(month) (day) (year)

Cemetery or crematory

Chesapeake

Location

Chesapeake, Maryland

18. Funeral director

Marvin V. Williams

Address

Chesapeake, Maryland19. Nov. 2

(Date rec'd by registrar)

19 48Clara S. Barnes

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 3119 48

at

5:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1519 48

to

Oct 2619 48

and that I last saw him

active on Oct 2619 48

Immediate cause of death

Senility

DURATION

Due to

Due to

Other conditions

Fractured femur 8 mos

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

Feb. 1948

Where did injury occur?

ChesapeakeKentMd  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Fall

Injured at work?

23. SIGNATURE

Frank M. Smith

M. D. or other

Address

Chesapeake Md

Date signed

Nov. 1/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County KentCity or town Chesapeake  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Kent and Queen Ann Hosp.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County KentCity or town Kennedyville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

George Harvey Beaster

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Isabelle Beaster6.(c) If alive, give age 76 years

7. Birth date of

deceased (mo., day, yr.)

January 21 1872

8. AGE:

Years

Months

Days

If less than one day

76814

hrs.

min.

9. Birthplace

Kent Co. Md.

(Town, county, and state)

10. Usual occupation

Bookkeeper

11. Industry or business

Retired

FATHER

12. Name

George M. Beaster

13. Birthplace

Kent Co. Maryland

MOTHER

14. Maiden name

Sallie Hill

15. Birthplace

Unknown

16. Informant

Mrs. Isabelle Beaster

Address

Kennedyville, Maryland

17.

(Burial, cremation, or removal, Which?)

Date thereof Oct. 8 1948  
(month) (day) (year)

Cemetery or crematory

Still Pond

Location

Still Pond Kent Co. Md.

18. Funeral director

Marion V. Williams

Address

Chesapeake Maryland

19.

(Date rec'd by registrar)

Oct 7 1948Clare S. Barnes

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 3 1948 to Oct 5 1948and that I last saw him alive on Oct 5 1948

Immediate cause of death

PulmonaryedemaDue to Myocardialinfarction

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of \_\_\_\_\_Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury None Injured at work? \_\_\_\_\_23. SIGNATURE Doct. Frank M.D.

M. D. or other \_\_\_\_\_

Date signed Oct 6/48

Address \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10560

RECEIVED

OCT 11 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

10559  
203

### 1. PLACE OF DEATH:

County..... Keok  
City or town..... Rock Hall Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... life  
Hospital, institution, or street address where death occurred:..... 700 2nd  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State..... Maryland County..... Keok  
City or town..... Rock Hall Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 700 2nd  
(If rural, give LOCATION)  
2. (a) If veteran, name war.....

### 3. (a) FULL NAME

Thomas Franklin Benton

### 3. (b) Social Security Number

4. Sex..... m. 5. Color or race..... Wh. 6. (a) Single, married, widowed, or divorced..... married  
6. (b) Name of husband or wife..... Ethel Beck Benton  
6. (c) If alive, give age..... 67 years  
7. Birth date of deceased (mo., day, yr.)..... Feb 5 1881

8. AGE: Years..... 67 Months..... 10 Days..... 16 It less than one day..... hrs. .... min.

9. Birthplace..... Keok Co. Ind.  
(Town, county, and state)

10. Usual occupation..... retiree

11. Industry or business..... own

12. Name..... Thomas B Benton

13. Birthplace..... Keok Co.

14. Maiden name..... Ethel Beck

15. Birthplace..... Keok Co.

16. Informant..... Ethel Benton

Address..... Rock Hall Md.

17. Burial Date thereof..... Oct. 24 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or cremators..... Wesley Chapel

Location..... Rock Hall Md.

18. Funeral director..... Edgar L. Lane

Address..... Colindale Hill Md.

19. 10/23 19 48 S. Elwood Burgess  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct 21 19 48 at 600 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... Oct 20 19 40 to..... Oct 21 19 48  
and that I last saw him alive on..... 10-20 19 48

Immediate cause of death..... Coronary occlusion

Due to..... Coronary Sclerosis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Albert G. Burghard  
M. D. or other.....  
Address..... Rock Hall, Md Date signed..... 10/23/48

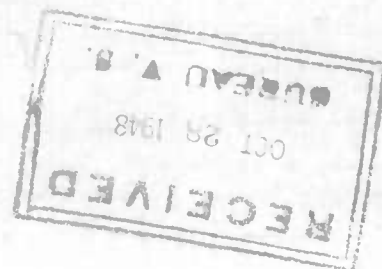
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10561

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County..... KENT  
 City or town..... CHESTERTOWN  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... LIFE  
 Hospital, institution, or street address where death occurred:  
PROSPECT ST  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... MD County..... KENT  
 City or town..... CHESTERTOWN  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... PROSPECT ST  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... 140

## 3. (a) FULL NAME

Wilbur Broadway

## 3. (b) Social Security Number

NO

4. Sex..... Male  
 5. Color or race..... col.  
 6.(a) Single, married, widowed, or divorced..... single

8.(b) Name of husband or wife..... none  
 6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... May 20, 1927

8. AGE: Years..... 21 Months..... 4 Days..... 29  
 If less than one day..... hrs. .... min.

9. Birthplace..... Chestertown, Md.  
 (Town, county, and state)

10. Usual occupation..... none

11. Industry or business.....

12. Name..... Joseph Broadway

13. Birthplace..... Maryland

14. Maiden name..... Susie Brown

15. Birthplace..... Maryland

16. Informant..... Laura Broadway (grandmother)

Address..... Chestertown, Md.

17. Burial..... Date thereof..... Oct. 21, 1948  
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Quaker Neck (Col.) Cem.

Location..... Chestertown, Md.

18. Funeral director..... J. Willis Wells

Address..... Chestertown, Md.

19. Oct. 21..... 19 48..... Clara S. Barnes  
 (Date rec'd by registrar)..... Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH..... Oct 19..... 19 48 at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Oct 1..... 19 48 to Oct 19..... 19 48  
 and that I last saw him alive on..... 10/4/48..... 19

Immediate cause of death.....

Broncho Pneumonia  
Heart and Liver

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

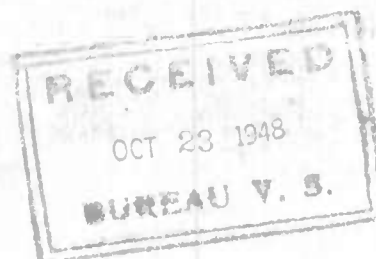
Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Albert A. Burgard M.D.

Address..... Rock Hall, Md. Date signed..... 10/20/48





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10562

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County KentCity or town Clips at  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Chelton P.O. #3

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Clips at  
(If outside city or town limits, write RURAL and give nearest town)Street No. Chelton P.O. #3  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary E Wrightlin Hadaway

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Clarence W. Hadaway6.(c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) October 17, 18828. AGE: Years 65 Months 11 Days 15 If less than one day  
.....hrs. ....min.9. Birthplace Baltimore City - Maryland  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Thomas S. Wrightlin13. Birthplace Baltimore Maryland14. Maiden name Mary Jane Smith15. Birthplace Baltimore Maryland16. Informant Mr. Clarence W. HadawayAddress Chelton P.O. #3 Maryland17. Burial Date thereof Oct. 25, 1948  
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory London ParkLocation Baltimore Maryland18. Funeral director Marvin V. WilliamsAddress Chelton Maryland19. Oct. 5 1948 Clara L. Barnes  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1948 at 11:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 2 1948 to October 2 1948and that I last saw her alive on October 2 1948Immediate cause of death Pulmonary tuberculosis DURATION 4 yearsDue to Chronic Myocarditis 2 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or otherChelton Date signed 10/3/48

RECEIVED

OCT 8 1948

BUREAU V. S.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 21  
10563

1. PLACE OF DEATH: Found: Chesapeake Bay near the mouth of Chester River USUAL RESIDENCE OF DECEASED:

(a) Baltimore City, Maryland

(a) State Maryland (b) County

(b) Street address

(c) City or town Baltimore City

(c) Hospital or institution:

(d) Street No. 3205 Rogers Avenue  
(If outside city or town limits, write RURAL and give town)

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Citizen of foreign country?  (Yes or No)

(e) Length of stay in Baltimore (yrs., mos., or days)

If yes, name country

3 (a) FULL NAME

EDWARD W. LEHTO

3 (b) If veteran, name war

3 (c) Social Security Account No. D.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Helma -

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) March 3, 1908

8. AGE: Years 40 Months 7 Days 2 If less than one day  hr.  min.

9. Birthplace Minneapolis, Minn.  
(Town, county, and state)

10. Usual Occupation Deckhand

11. Industry or business Arundel Corp.

12. Name Geo. Edward Lehto

13. Birthplace Finland

14. Maiden Name Helma ?

15. Birthplace Finland

16 (a) Informant Arundel Corp.

(b) Address

17 (a) Burial (b) Date thereof 10-15-48  
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore National  
Location Balt. Md.

18 (a) Funeral director George J. Puck

(b) Address 5305 York Rd.

19 (a) Oct. 14-48 (b) E. W. Hedrick  
(Date rec'd by registrar) (Registrar)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH October 12, 1948 at 1:25 PM

21. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 10-5-48 at 11:15 A. M.

(b) Where did injury occur? Chesapeake Bay, 3/4 mile below 7<sup>th</sup> Annapolis

(c) Did injury occur at home, on farm, industrial place, or public place? Chesapeake Bay While at work? Yes

(d) Means of injury Subboat Capsized

23. Signature Earl R. Hays M.D.

Date signed 10-13-48

Medical Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

183

10564

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County Kent  
 City or town Charleston  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all life  
 Hospital, institution, or street address where death occurred: Charleston Chestnut Farm Md  
 How long in hospital or institution? none

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Kent  
 City or town Charleston  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Radcliff Bridge  
 (If rural, give LOCATION) Charleston Farm  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ollie Thodora Nudler

## 3. (b) Social Security Number

216-09-0099

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Myrtle C. Nudler

7. Birth date of deceased (mo., day, yr.) June 13 1903  
 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 45 Months 4 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Charleston Kent Co. Maryland  
 (Town, county, and state)

10. Usual occupation Mechanic

## 11. Industry or business

12. Name William Henry Nudler13. Birthplace Charleston Kent Co. Md.14. Maiden name Emma C. Sandman15. Birthplace Charleston Kent Co. Maryland16. Informant Mrs. Emma C. Nudler (Widow)Address Charleston Maryland17. Burial Date thereof Nov. 11, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CharlestonLocation Charleston Maryland18. Funeral director Marion V. WilliamsAddress Charleston Maryland19. Nov. 11 1948 Clara S. Barnes

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 19 48 at 6 P

21. CERTIFY that death occurred on the date above stated, that it attended deceased from few days ago and that I last saw him live on death & signed certificate  
 Immediate cause of death Stroke DURATION \_\_\_\_\_

Due to StrokeDue to Accidental

Other conditions \_\_\_\_\_

Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accidental

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur Charleston Chestnut Farm Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) CharlestonManner of injury Stroke Injured at work? no

23. SIGNATURE \_\_\_\_\_ M. D. or other \_\_\_\_\_

Address Charleston Md Date signed Nov 11/48

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10565

830

203

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... Kent  
 City or town..... Rock Hall Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... life  
 Hospital, institution, or street address where death occurred:  
Piney Neck  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Kent  
 City or town..... Rock Hall, Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Piney Neck  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war.....

## 3. (a) FULL NAME

Mary Jane Scott

## 3. (b) Social Security Number

4. Sex..... female 5. Color or race..... col 6. (a) Single, married, widowed, or divorced..... married  
 6. (b) Name of husband or wife..... Oliver Scott 6. (c) If alive, give age..... 71 years  
 7. Birth date of deceased (mo., day, yr.)..... May 22 1880  
 8. AGE: Years..... 68 Months..... 4 Days..... 29 If less than one day..... hrs. .... min.  
 9. Birthplace..... Rock Hall, Md.  
 (Town, county, and state)  
 10. Usual occupation..... House work  
 11. Industry or business..... own house  
 12. Name..... Thomas Pierce  
 13. Birthplace..... Chesertown, Md  
 14. Maiden name..... Rachel Cotton  
 15. Birthplace..... Rock Hall, Md.

16. Informant..... Emma Scott  
 Address..... Rock Hall, Md.  
 17. Burial Date thereof..... Oct 24 1948  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory..... Shrompton  
 Location..... near Rock Hall Md  
 18. Funeral director..... Asbury Henry  
 Address..... Chesertown Md  
 19. Oct 23 1948 S. Elwood Bugar  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 21 1948 at 4:10 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
August 31 1948, to Oct 21 1948  
 and that I last saw him alive on 10/19 1948

Immediate cause of death..... cerebral hemorrhage  
Paralysis of right  
Hypertension  
 Due to.....  
 Due to..... heart condition  
 Other conditions.....

(Include pregnancy within 3 months of death)  
 Major findings of operations..... Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Wm. A. Burgard  
 Address..... Rock Hall Md Date signed..... 10/22/48  
 M. D. or other





## CERTIFICATE OF DEATH

Registered No. 10500

1. PLACE OF DEATH: Found: Chesapeake Bay at the mouth of Chester River  
 (a) Baltimore City, Maryland  
 (b) Street address:  
 (c) Hospital or institution:  
 (d) Length of stay in hospital or inst. (yrs., mos., or days):  
 (e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Md. (b) County:  
 (c) City or town: Baltimore  
 (If outside city or town limits, write RURAL and give town)  
 (d) Street No.: 1508 Battery Avenue  
 (If rural give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country: ✓

## 3 (a) FULL NAME

JOHN

TARBUTTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male 5. Color or race White 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife. Jeanette Enders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 3, 1897

8. AGE: Years 51 Months 0 Days 2 If less than one day  
 .....hr. ....min.

9. Birthplace Maryland  
 (Town, county, and state)

10. Usual Occupation Captain of Tugboat

11. Industry or business Arunder Corporation

12. Name Samuel Tarbutton

13. Birthplace Maryland

14. Maiden Name Elizabeth Eaton

15. Birthplace Maryland

16 (a) Informant Family

(b) Address 1508 Battery Avenue

17 (a) Burial (b) Date thereof 10-14-48  
 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cedar Hill  
 Location Baltimore, Maryland

18 (a) Funeral director James H. T. Conley  
 (b) Address 1308 Fox T Ave.

19 (a) 10-14-48 G. W. Helmsch  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1948, at 1:25 PM

21. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

## IMMEDIATE CAUSE OF DEATH

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 10-5-48 at 11:15 A. M.

(b) Where did injury occur? Chesapeake Bay, 3/4 mile below 7' Knoll

(c) Did injury occur at home, on farm, industrial place, in public place? Chesapeake Bay While at work? Yes

(d) Means of injury Tugboat Capsized

23. Signature [Signature] M.D.

Date signed 10-13-48 Medical Examiner [Signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent  
City or town Chesapeake  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
Chesapeake R.D. #3  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Kent  
City or town  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Chesapeake P.O. #3  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME

William Henry Thompson

3. (b) Social Security Number

4. Sex male 5. Color or race wh 6.(a) Single, married, widowed, or divorced widowed  
6.(b) Name of husband or wife (late) Helen Jane Thompson  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) Apr. 10 1867  
8. AGE: Years 81 Months 6 Days 8 If less than one day  
.....hrs. ....min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1948 at 4:20 P.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10:15 1948 to Oct 18 1948  
and that I last saw him alive on 10-15 1948  
Immediate cause of death Cerebral Hemorrhage DURATION 2 days  
Due to High blood pressure  
Due to  
Other conditions bad heart old age  
(Include pregnancy within 3 months of death)

9. Birthplace Kent Co. Ind.  
(Town, county, and state)  
10. Usual occupation laborer  
11. Industry or business farming  
12. Name Wm H. Thompson  
13. Birthplace Kent Co.  
14. Maiden name unknown  
15. Birthplace unknown

16. Informant Wm James Thompson  
Address Chesapeake Maryland  
17. Burial Date thereof Oct. 21, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Sandy Bottom  
Location near Fairlee Kent Co. Ind.  
18. Funeral director Marion V. Welles  
Address Chesapeake Maryland  
19. Oct. 21 1948 Clara S. Barnes  
(Date rec'd by registrar) Registrar

Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.  
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE H P Bofeland M. D. or other  
Address Chester town Date signed 10-19-48

